## BLANKET PURCHASE ORDER STATE OF MARYLAND

\*\*\*\*\*\*\* STATE OF MARYLAND \*\*\*\*\*\*\*\*\*\*

**BPO NO:** 001B7400063 **PRINT DATE:** 08/16/16 **PAGE:** 01

SHIP TO:

AS SPECIFIED ON INDIVIDUAL ORDERS

**VENDOR ID:** 

HAGERSTOWN GOODWILL INDUSTRIES INC DBA HORIZON GOODWILL INDUSTRIES

14515 PENNSYLVANIA AVE

HAGERSTOWN, MD

(301 )733-7330

**REFER QUESTIONS TO:** 

SHARON VANZIE (410 )767-4024

SHARON.VANZIE1@MARYLAND.GOV

**ITB:** P00R7400169

**EXPR DATE:** 09/01/17

**POST DATE:** 08/16/16

21742

DISCOUNT TERMS: . CONTRACT AMOUNT:

NET 30 DAY

39,747.50

## **TERMS:**

ARTICLES HEREIN ARE EXEMPT FROM MARYLAND SALES AND USE TAXES BY EXEMPTION CERTIFICATE NUMBER 3000256-3 AND FROM FEDERAL EXCISE TAXES BY EXEMPTION NUMBER 52-73-0358K. IT IS THE VENDOR'S RESPONSIBILITY TO ADVISE COMMON CARRIERS THAT AGENCIES OF THE STATE OF MARYLAND ARE EXEMPT FROM TRANSPORTATION TAX.

OPERATING FUNDS:

POO 2017 8T801 0813 \$39,747.50

AGENCY CONTACT: E.J. SHEWBRIDGE, 301-723-2118,

ERSAL.SHEWBRIDGE@MARYLAND.GOV

VENDOR CONTACT; BRANDON MARKS, 301-733-7330 EXT. 1629

BMARKS@GOODWILL-HGI.ORG

PLEASE RETAIN IFB FOR FUTURE REFERENCE.

THIS IS A PREFERENCE PURCHASE CONTRACT.

THE STATE RESERVES THE RIGHT TO ADJUST THE SCOPE OF WORK PROVIDED IN THE IFB SPECIFICATIONS IN ORDER TO KEEP EXPENDITURES WITHIN AUTHORIZED APPROPRIATIONS.

## **BLANKET PURCHASE ORDER STATE OF MARYLAND**

BPO NO:			ARYLAND ************************************	
LINE #	STATE ITEM ID	U/M	UNIT COST	
0001	48576-000000	EA	39,747.5000	
JANITOR1	AL SUPPLIES - MISCE	LLANEOUS		
INSURANC	CE CENTER, 128 BALTI	MORE ST, CUM	LR CUMBERLAND UNEMPL BERLAND, MD, E-YEAR RENEWAL OPTIO	
YEAR ONE	SEPTEMBER 1, 201	6 TO AUGUST	31, 2017 \$39,747.5	0
OPTIONAI	RENEWALS			
1ST YEAF 2ND YEAF	R: SEPTEMBER 1, 201 R: SEPTEMBER 1, 201	7 TO AUGUST 8	31, 2018 \$39,747.5 31, 2019 \$39,747.5	0
MONTHLY	COST - \$3,312.29			
		END OF	ITEM LIST	
INVITATI MODIFICA SHALL CO	MPLY WITH ALL OF TH SSUED WITH THE ITB A	ANY SUBSEQUESUED RELEVANTE TERMS, CONT		A-
LICENSE	STATE OF MARYLAND OR OR CERTICATE TO PER PROVIDE THE LICENSE	FORM THE SER		
	LICENSE NUMBER		DATE OF EXPIRATION	
	ARE A DEPARTMENT OF S, PLEASE PROVIDE YO		ON CERTIFIED MINORIT TION NUMBER.	Y
MI	OOT'S MBE CERTIFICAT	ION NUMBER		
	**	***** LAST	PAGE ******	
AUTHORIZ	ZED BY:		DA <sup>-</sup>	ΓE: